

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 161Registered No. 327

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City Miami

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lois Opal Chandler

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

Female

5. No., in order of birth

yesOct. 12, 1925

8.

FATHER

Full name

James Walter Chandler

14.

MOTHER

Full maiden name

Millie Palmer

9. Residence

(Usual place of abode)

Miami

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

If non-resident, give place and state.

Arizona

10. Color or race

Cauc.11. Age at last birthday 30 (Years)

16. Color or race

Cauc.17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Texas

18. Birthplace (city or place)

(State or country)

EdenArizona

13. Occupation

Nature of industry

Carpenter

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 3

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born, alive or stillborn)

at 5 A. m. on the date above stated\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.Physician

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year

Address Miami, Arizona

Filed

Nov 6, 1925C.E. Irwin

Registrar

Registrar

339-1012-479

WITH UNFADING INK.  
- valid at a birth, a SEPARATE RETURN, in  
order of birth stated.